

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.
ALL PERSONS REQUESTING A BIRTH RECORD MUST COMPLETE THE APPLICATION.

GENERAL INSTRUCTIONS

- Do NOT use this application for FAX requests. Do NOT use this application for genealogy requests.
- Use this application if you are the person named on the birth record, or that person's parent listed on the birth record, or have court-appointed legal custody. **Please provide a legible photocopy of the entire custody paperwork; custody papers must be signed and certified or re-certified within six (6) months from the date the application is received.**
- **If you have had a name change since your birth or the birth of your child, provide documentation showing your name change**, such as a certified marriage license. In the case of a marriage, we require the certified marriage license issued from a **civil entity** - that is, a city/town/village; we cannot accept a church or synagogue marriage record as proof of name change.

FEE/MANNER OF PAYMENT

Fee: \$10.00 per copy. **NOTE: The \$10.00 fee is a non-refundable state fee, chargeable upon the Local Registrar's search for the requested record. If the record cannot be located, a No Record Certification will be issued for the \$10.00 fee.**

- Cash, Money Order, or Bank Cashier Check made payable to TOWN OF NEW HARTFORD.
- Debit or Credit Card (\$1.95 transaction fee). For mail-in applications, we will collect your payment over the phone.
- **Personal checks are NOT accepted unless CERTIFIED.**

TYPES OF IDENTIFICATION REQUIRED - Choose One -

In accordance with New York State rules and regulations, **ALL** applicants must provide the original (or photocopy if applying by mail) of **ONE (1)** of the following as proof of identity - **NO OTHER DOCUMENTS WILL BE ACCEPTED AS IDENTITY. IDENTIFICATION THAT IS BROKEN/TORN WILL NOT BE ACCEPTED.**

- Current photo Driver's License or photo Non-Driver's License.
- Current Passport.
- Current NYS Medicaid Benefit card with Photo.
- Current Military Identification Card.
- Current Employer's Photo Identification Card (must contain employee's name, date of birth, signature, and evidence that the card is current).
- Naturalization Papers (Note: DO NOT PHOTOCOPY. It is a federal crime to photocopy this document. The original must be presented.)
- Two (2) current utility bills issued from two (2) different companies and showing applicant's name and address. (Examples: electricity, gas, water, internet, cable, landline telephone)
- Two (2) letters from two (2) different government agencies mailed to the applicant at their physical address within the last six (6) months.

Please Note:

- If mailing your application, provide a No. 10 Self-Addressed, Stamped Return. If your need is urgent, we suggest using an overnight mail service, and include a self-addressed, pre-stamped overnight envelope that we can send back to you the day we fulfill your request.
- We are prohibited from discussing specific Vital Records information or receipt of your application and payment over the telephone. *If you wish to be notified that we have received your application, please use a mail service tracking service for your own tracking and record-keeping purposes.*

Please provide your mailing information below:
(no PO Box, business, or c/o addresses)

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____

~ REMEMBER TO INCLUDE ~

- Completed application
- Photocopy of acceptable ID
- Payment
- Name change documentation, if required
- Legal custody papers, if required
- Self-addressed, stamped envelope

**TOWN OF NEW HARTFORD****Registrar of Vital Statistics**

8635 Clinton Street

New Hartford, NY 13413

315-733-7500 ext. 2320 or 2325

jgiglio@townofnewhartfordny.gov

APPLICATION FOR BIRTH RECORD**Check Form(s) Desired:****FEE: \$10.00**

- ☐ CERTIFICATION / Short Form. Shows ONLY name, gender, date, and place of birth.
- ☐ CERTIFIED TRANSCRIPT/Long Form. Also includes parents' names and time of birth.
- ☐ ACKNOWLEDGMENT OF PATERNITY/ PARENTAGE (LDSS-4418 or LDSS-5171). No charge.
- ☐ *Please check here if you require the record for INTERNATIONAL CITIZENSHIP/FOREIGN PASSPORT.*

Office Use Only:

DOH: _____

Certified Copy: _____

By Whom: _____ Date: _____

NOTE: A No Record Certification will be issued for \$10.00 if, upon our search, the desired record cannot be located.

BIRTH NAME OF CHILD	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST *</u>
<u>DATE OF BIRTH</u> (Month, Day, Year)	<u>SEX</u>		<u>LOCAL REGISTRATION NO.</u> , if known
<u>PLACE OF BIRTH</u> (Hospital or Street Name)	TOWN OF NEW HARTFORD		ONEIDA COUNTY
FATHER'S NAME	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST *</u>
MOTHER'S NAME	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (MAIDEN NAME) *</u>
Purpose for Record:	<input type="checkbox"/> Adoption (domestic) <input type="checkbox"/> Adoption (international) <input type="checkbox"/> Court/Custody/Social Svcs. <input type="checkbox"/> Employment <input type="checkbox"/> Housing	<input type="checkbox"/> ID/DMV/Learner's Permit <input type="checkbox"/> Insurance <input type="checkbox"/> Marriage <input type="checkbox"/> U. S. Passport <input type="checkbox"/> School Registration/Sports	<input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Taxes <input type="checkbox"/> Veteran's Benefits Other: _____
Relationship to Person on Record:	<input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER: _____		
<i>Note: If you are an attorney applying for a birth record, please give the name and relationship of your client to the person whose record is required. A notarized statement of release is required.</i>			

My signature certifies my understanding of and agreement with the requirements as stated in the General Instructions on the application. NOTE: A No Record Certification will be issued if, upon our search, the record cannot be located. FEE: \$10.00.

Signature of Applicant **: _____ **Date:** _____**Address:** _____ **Apt./Floor:** _____**City:** _____ **State:** _____ **ZIP Code:** _____**Phone #:** (_____) _____ **Email (optional):** _____

*** NOTE:** If child or parent is applying and the SURNAME IS DIFFERENT from when the birth record was registered, **the child or parent must provide evidence of the surname change** (i.e., marriage record, court order, etc.) before application is processed.

**** Driver's License or other qualifying ID must be provided in order to have your request processed. Birth record cannot be mailed to a P. O. Box without a notarized statement of release.**